COVER PAGE

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

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CALIFORNIA 2001/02 FORM **460**

Page 1 of 11

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 01/01/2009
through 01/17/2009

Date of election if applicable: (Month, Day, Year)
3/3/09

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- [X] Officeholder, Candidate Controlled Committee
  - ○ State Candidate Election Committee
  - ○ Recall *(Also Complete Part 5)*
- [ ] General Purpose Committee
  - ○ Sponsored
  - ○ Small Contributor Committee
  - ○ Political Party/Central Committee
- [ ] Ballot Measure Committee
  - ○ Primarily Formed
  - ○ Controlled
  - ○ Sponsored *(Also Complete Part 6)*
- [ ] Primarily Formed Candidate/ Officeholder Committee *(Also Complete Part 7)*

2. Type of Statement:

- [X] Preelection Statement
- [ ] Semi-annual Statement
- [ ] Termination Statement
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report
- [ ] Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER 1236094

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Duran For City Council

STREET ADDRESS (NO P.O. BOX)
1212 S Victory Bl

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Burbank	CA	91502	(818) 260-0669

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
1212 S Victory Bl

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Burbank	CA	91502	

OPTIONAL FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
Kinde Durkee

MAILING ADDRESS
1212 S Victory Bl

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Burbank	CA	91502	(818) 260-0669

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 01/20/2009 (Date) — By Kinde Durkee (Signature of Treasurer or Assistant Treasurer)

Executed on 01/20/2009 (Date) — By John Duran (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor)

Executed on _____ (Date) — By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Executed on _____ (Date) — By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Recipient Committee Campaign Statement Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM **460**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

John Duran

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

City Council Member, City Of West Hollywood, District: n/a

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
1212 S Victory Bl	Burbank	CA	91502

Related Committees Not Included in this Statement: ***List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.***

COMMITTEE NAME	I D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	☐ SUPPORT ☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

7. Primarily Formed Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement
Summary Page

Type or print in ink.
Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period
from 01/01/2009
through 01/17/2009

CALIFORNIA FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Duran For City Council

I.D. NUMBER
1236094

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTALT O DATE
1. Monetary Contributions	*Schedule A, Line 3*	$ 7685.00	$ 7685.00
2. Loans Received	*Schedule B, Line 7*	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 7685.00	$ 7685.00
4. Nonmonetary Contributions	*Schedule C, Line 3*	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 7685.00	$ 7685.00

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 2971.31	$ 2971.31
7. Loans Made	*Schedule H, Line 7*	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 2971.31	$ 2971.31
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	0.00	5097.50
10. Nonmonetary Adjustment	*Schedule C, Line 3*	0.00	0.00
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 2971.31	$ 8068.81

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 30413.56
13. Cash Receipts	*Column A, Line 3 above*	7685.00
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	3.81
15. Cash Payments	*Column A, Line 8 above*	2971.31
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 35131.06

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED *Schedule B, Part 2* $ 0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	*See instructions on reverse*	$ 0.00
19. Outstanding Debts	*Add Line 2 + Line 9 in Column B above*	$ 5097.50

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	$	$
21. Expenditures Made	$	$

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
/ /	$
/ /	$
/ /	$
/ /	$
/ /	$
/ /	$

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule A
Monetary Contributions Received

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period
from 01/01/2009
through 01/17/2009

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Duran For City Council

I.D. NUMBER
1236094

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I D NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/08/2009	Lee Bailey 3063 Nichols Canyon Rd Los Angeles CA 90046	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Physician Lee W. Bailey	100.00	100.00	$100.00 P2009
01/15/2009	John Carpenter 8827 W Olympic Bl Beverly Hills CA 90211	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Partner Carpenter & Zuckerman	1000.00	1000.00	$1000.00 P2005 $1000.00 P2009
01/14/2009	Channel 1 Releasing 8721 Santa Monica Bl West Hollywood CA 90069	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1000.00	1000.00	$1000.00 P2009
01/14/2009	Daphne Dennis 2240 6th St. Santa Monica CA 90405	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Administrator City Of West Hollywood	250.00	250.00	$100.00 P2005 $450.00 P2009
01/14/2009	Mitchell Galper 5670 Wilshire Bl #1700 Los Angeles CA 90036	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Dentist Mitchell H Galper DDS	100.00	100.00	$300.00 P2005 $100.00 P2009
			SUBTOTAL $	2450.00		

Schedule A Summary

1. Amount received this period – contributions of $100 or more.
(Include all Schedule A subtotals.) ..... $ 7650.00
2. Amount received this period – unitemized contributions of less than $100 ..... $ 35.00
3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL** $ 7685.00

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 01/01/2009
through 01/17/2009

CALIFORNIA FORM **460**

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NAME OF FILER
Duran For City Council

I.D. NUMBER
1236094

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I D NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/14/2009	Stephen Kanner 511 Almar Av Pacific Palisades CA 90272	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	President Kanner Architects	500.00	500.00	$500.00 P2009
01/12/2009	Michael Lechasseur 11908 Montana Av #308 Los Angeles CA 90049	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Project Manager Marlali Brands	250.00	250.00	$250.00 P2009
01/07/2009	Michael Lombardo 7939 Hillside Ave Los Angeles CA 90046	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	TV Executive HBO	250.00	250.00	$250.00 P2009
01/08/2009	Peter Mackler 1187 E 3rd St #316 Long Beach CA 90802	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Healthcare Consultant Memorial Care Medical Ctrs	100.00	100.00	$100.00 P2009 $200.00 P2005
01/12/2009	Marlali Property Investment Co LLC 1815 S Meyers Rd #210 Oakbrook Terrace IL 60181	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500.00	500.00	$500.00 P2009
			SUBTOTAL $	1600.00		

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 01/01/2009
through 01/17/2009

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NAME OF FILER
Duran For City Council

I.D. NUMBER
1236094

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I D NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/06/2009	Ulrik Neumann 627 N Robertson Bl Los Angeles CA 90069	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Producer Sunstyle Inc	500.00	500.00	$500.00 P2009
01/14/2009	Thomas Salciccia 7250 Hillside Av #101 Los Angeles CA 90046	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired N/A	100.00	100.00	$100.00 P2009
01/16/2009	Rick Sloan 8404 Shulman Av Whittier CA 90602	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Paralegal Duran & Thomas LLP	100.00	100.00	$100.00 P2009
01/07/2009	Stephen Smith 1403 Laurel Av #D Los Angeles CA 90046	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Consultant Stephen Smith	250.00	250.00	$250.00 P2009
01/14/2009	Karl Sowa 850 Lafayette St Denver CO 80218	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Vice President of Marketing NetQuote	200.00	200.00	$150.00 P2005 $250.00 P200[illegible]
			SUBTOTAL $	1150.00		

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 01/01/2009
through 01/17/2009

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NAME OF FILER
Duran For City Council

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1236094

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I D NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
01/16/2009	Swimmer Development LLC 2775 Motor Av #1 Los Angeles CA 90064	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		250.00	250.00	$500.00 P2009
01/06/2009	United Pacific Waste dba UPW Waste & Recycling Svcs 4320 San Gabriel River Pkwy Pico Rivera CA 90660	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1000.00	1000.00	$1000.00 P2009
01/08/2009	Ruth Williams 7548 Lexington Ave #8 Los Angeles CA 90046	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Director NCJW	100.00	100.00	$300.00 P2005 $300.00 P2009
01/06/2009	Gregory Woodell 8400 Delongpre Av #207 West Hollywood CA 90069	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Planner Los Angeles County	100.00	100.00	$100.00 P2009
01/15/2009	Paul Zuckerman 8827 W Olympic Bl Beverly Hills CA 90211	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Partner Carpenter & Zuckerman	1000.00	1000.00	$1000.00 G2009
			SUBTOTAL $	2450.00		

*Contributor Codes
IND – Individual
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OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

Schedule E
Payments Made

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period
from 01/01/2009
through 01/17/2009

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Duran For City Council

I.D. NUMBER
1236094

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I D NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Applegate Consulting 1901 Av Of The Stars #1025 Los Angeles CA 90067	CNS			2863.21

* **Payments that are contributions or independent expenditures must also be summarized on Schedule D.**

SUBTOTAL $ 2863.21

Schedule E Summary

1. Payments made this period of $100 or more. (Include all Schedule E subtotals.)	$	2863.21
2. Unitemized payments made this period of under $100	$	108.10
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	$	0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL**	$	2971.31

Schedule F
Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period
from 01/01/2009
through 01/17/2009

CALIFORNIA FORM **460**

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NAME OF FILER
Duran For City Council

I.D. NUMBER
1236094

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I D NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Applegate Consulting 1901 Av Of The Stars #1025 Los Angeles CA 90067	CNS	3461.97	0.00	0.00	3461.97
Political Data Inc 825 S Victory Blvd Burbank CA 91502	LIT	1034.87	0.00	0.00	1034.87
VISA 3155 Clearview Way San Mateo CA 94402	OFC	600.66	0.00	0.00	600.66
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	**SUBTOTALS $**	5097.50	$ 0.00	$ 0.00	$ 5097.50

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of $100 or more, plus total unitemized accrued expenses under $100.) ..... **INCURRED TOTALS $** 0

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of $100 or more, plus total unitemized payments on accrued expenses under $100.) ..... **PAID TOTALS $** 0

3. Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET $** 0
   May be a negative number

Schedule I
Miscellaneous Increases to Cash

Type or print in ink.
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Statement covers period
from 01/01/2009
through 01/17/2009

SCHEDULE I
CALIFORNIA FORM **460**
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Duran For City Council

I.D. NUMBER
1236094

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I D NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL $

Schedule I Summary

1. Increases to cash of $100 or more this period. ..... $ 0
2. Unitemized increases to cash under $100 this period. ..... $ 3.81
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) ..... $ 0
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ..... **TOTAL** $ 3.81

Filing Notes

Form/Schedule	Reference No.	Text
F	DEBTF00000000000 7652	12/31/2008 : Speakeasy - $337.19 Time Warner - $235.45 --- 12/31/2008 : Canters - $66.02 ---

Form/Schedule	Reference No.	Text

Form/Schedule	Reference No.	Text